TRANSMITTAL FORM

(to be used for all correspondence after initial filing)
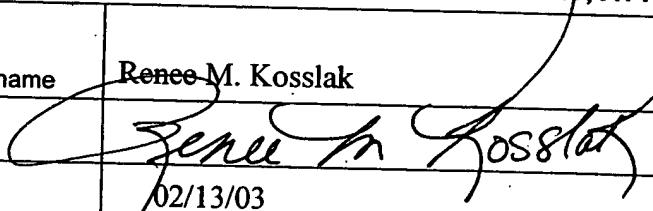
Application No.	08/873,978
Filing Date	June 12, 1997
First Named Inventor	KAYYEM
Examiner Name	Marschel, A
Group Art Unit	1631
Attorney Docket No.	A-63761-1

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☒ Amendment / Reply

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, No. of CD(s) _____

Remarks

☐ After Allowance Communication t Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Renee M. Kosslak
Signature	*Renee M. Kosslak*
Date	02/13/03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as firs class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date: 02/13/03

Typed or printed name	Mary McFarland		
Signature	*Mary M Farld*	Date	02/13/03
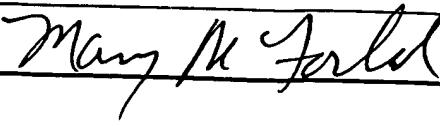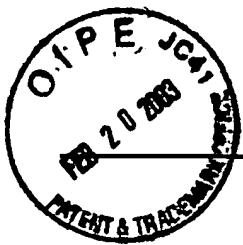
AMENDMENT
FEE CALCULATION
2003

Complete if Known	
Application No.	08/873,978
Filing Date	June 12, 1997
First Named Inventor	KAYYEM
Group Art Unit	1631
Examiner Name	Marschel, A.
Atty. Docket Number	A-63761-1

RECEIVED

FEB 2 6 2003

TECH CENTER 1600/2900

Claims as Amended in Response to Office Action dated: August 13, 2002

METHOD OF PAYMENT (Check One)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit Account No.: 50-2319
Deposit Account Name: DORSEY & WHITNEY LLP
☒ Charge any additional fee required under 37 C.F.R. 1.16 and 1.17
☐ Applicant claims small entity status (see 37 C.F.R. 1.27)

2. ☒ Check Enclosed

AMENDMENT FEE CALCULATION

1. EXTRA* CLAIM FEES

	Claims Remaining after Amendment		Highest Number Previously Paid for		Present Extra		Fee from Below*		Additional Fee
Total		-		=		x		=	
Indep.		-		=		x		=	
First Presentation of Multiple Dependent Claim						x		=	

Subtotal (1)

*Calculation of Extra Claim Fees

Large Entity Fee	Small Entity Fee	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent Claim
84	42	Reissue independent claims over original patent
18	9	Reissue claims in excess of 20 and over original patent

AMENDMENT FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
110	55	Extension for reply within first month	
410	205	Extension for reply within second month	
930	465	Extension for reply within third month	$930
1,450	725	Extension for reply within fourth month	
1,970	985	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
110	55	Terminal Disclaimer Fee	
110	55	Petition to revive – unavoidable	
1,300	650	Petition to revive – unintentional	
1,300	650	Utility/Reissue issue fee (inc. advance copies)	
130	130	Petitions to the Commissioner	
180	180	Submission of IDS	
750	375	Request for Continued Examination (RCE)	

Other fee (specify):

		Subtotal (2)	$930
		Total Amount of Payment:	$930

Submitted by:

Name: Renee M. Kosslak for Robin M. Silva, Reg. No. 38,304	Reg. No.: 47,717	Telephone: (415) 781-1989
DORSEY & WHITNEY LLP	Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187	CUSTOMER NUMBER 32940
Signature:		Date: 02/13/03